



David Kuchenbecker M.D.

Windward Urology

30 Aulike Street, #602

Kailua, HI 96734-2752

Telephone: (808) 261-4884 Fax: (808) 261-4885

Patient: Star Aholelei

Date of birth: November 17, 1963

Current date: July 27, 2005

To make concern,

I will no longer be seeing patients from the Halawa Correctional Facility and would suggest referring the patient to the Queen Emma clinic for further treatment and evaluation. Mr. Aholelei's ultrasound demonstrates a 9 mm non-obstructing stone in the lower pole of the right kidney. CT scan from last year demonstrated a 6 mm stone in the same location. Though these are different imaging modalities there does appear to be a slight increase in size of the stone over the past year. Previous stones have been both calcium oxalate and uric acid. I would suggest obtaining a KUB. If the stone is not visible this would suggest that the stone is uric acid in composition and should be able to be dissolved with alkali therapy using either sodium bicarbonate or Uroocit-K. If the stone contains calcium i.e. is visible on plain KUB, I would consider ESWL.

Sincerely,

David A. Kuchenbecker MD

008

EXHIBIT AA



ST. FRANCIS MEDICAL CENTER WEST

IMAGING REPORT

91-2141 Fort Weaver Road
Ewa Beach, Hawaii 96706

Patient Name: AHOLELEI, STAR
Address: PO BOX 1839,
PEARL CITY Hawaii
96782

Sex: Male Age: 41 Years
DOB: 11/17/63

Med Rec #: 09-08-01
Location: Imaging - West

Imaging Report

Procedure	Ordering Physician	Accession Number	Exam Date/Time
US Renal Retroperitoneal Sonography	BAUMAN, KAY	US-05-0002537	04/08/05 15:30:00

REASON

KIDNEY STONES

US read

RENAL ULTRASOUND

Sonographic examination of the kidneys was performed.

No prior examination is available for comparison at this time.

There is an approximately 9 mm shadowing echogenic focus in the lower pole of the right kidney consistent with renal calculus. No other definite renal calculi are identified. There is no evidence of significant hydronephrosis or perinephric fluid collections. The kidneys are otherwise unremarkable on appearance. The right kidney measures approximately 11.8 cm in length. The left kidney also measures approximately 11.8 cm in length. Evaluation of the urinary bladder with color Doppler demonstrates presence of bilateral ureteral flow jets. The distended bladder is grossly unremarkable on appearance.

US impression

Approximately 9 mm calculus in the lower pole of the right kidney with no evidence of significant hydronephrosis. Otherwise essentially unremarkable examination as described above.

INTERPRETING PHYSICIAN: ERDMAN, DANIEL E

ELECTRONICALLY SIGNED BY: DANIEL E. ERDMAN DATE SIGNED: 04/11/2005 09:40

TRANSCRIBED BY: BN TRANSCRIBED DATE: 04/08/2005 17:16

CASTLE MEDICAL CENTER
LITHOTRIPSY DISCHARGE INSTRUCTIONS

As you have previously been told, your treatment with the Extracorporeal Shockwave Lithotripsy (ESL) did not make your stone magically disappear. The purpose of the treatment with the ESL was to pulverize stones so that the fragments can be passed through the urinary tract. You may or may not pass stone fragments before you leave the treatment facility. If you do not, do not be alarmed as some patients do not begin passing fragments until several weeks (*or occasionally, 1-2 months*) after treatment. A high intake of fluids, at least 8 glasses a day for several days, will help the fragments pass.

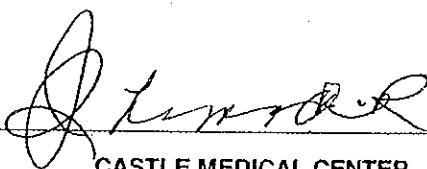
Please strain your urine with the strainer which your nurse will give you.

Please save some stone fragments and give them to your urologist at your next office visit so that he may send them for analysis.

You may have red-tinged urine for up to 24 hours following ESL. You may also notice slight bruising on the treated side. Most patients after treatment with the ESL will be placed on an antibiotic for several days. Patients may be given a prescription for a "pain killer" after treatment with ESL although usually the passage of small fragments of stone is without pain. You should resume taking any medications you were taking before the lithotripsy unless you have been told to discontinue them.

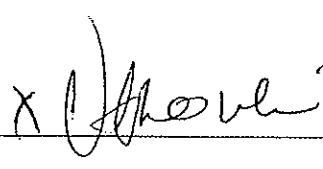
You may resume normal activities after discharge from the treatment facility. Indeed, walking and mild exercise is beneficial as activity will help stone fragments pass. However, if you are taking the "pain killer" which may have been prescribed for you at discharge, you should not drive or operate machinery.

If you have red-tinged urine longer than 72 hours, have persistent nausea and vomiting, experience severe pain which is unrelieved by the pain killer which was prescribed for you, or if you have a fever greater than 101 degrees, you should call your doctor. Even if you do not experience any problems, you should call him and schedule an appointment for approximately 2 weeks after treatment at which time x-rays of your kidneys may be done. Your doctor's office will be informed of the results of your procedure. Also, he will be sent a treatment summary of your procedure.



CASTLE MEDICAL CENTER
640 ULUKAHIKI STREET
KAILUA, HAWAII 96734

LITHOTRIPSY DISCHARGE INSTRUCTIONS



AMOLELEI, STAR V
KUCHENBECKER, DAY 7/30/2003
43260827 16-91-20 2709 0
1111771963 M/029Y NOR

094

Adventist
Health

Castle Medical Center

Imaging Services Department
640 Ulukahiki Street
Kailua, HI 96734-4498
Voice: (808) 263-5166

Patient: **AHOLELEI, STAR V.**

DOB: 11/17/1963 Age: 42y Sex: M
Location: OUTPATIENT
Med Rec #: 18-91-20

Ordering MD: DAVID A. KUCHENBECKER, MD
Attending MD: DAVID A. KUCHENBECKER, MD
Referring MD:

Acct# / Seq#: 43472141 / 1

Exam Date: June 29, 2004
CT ABDOMEN W/O CONTRAST

Reason for Exam:
KIDNEY STONES

Report

CT Urogram is performed without oral or intravenous contrast.

A 6 mm stone is seen in the right lower kidney, nonobstructive. A few small parapelvic cysts are seen in the left kidney measuring up to 1.5 cm in size. No left kidney stones are seen. There is no hydronephrosis or hydroureter. The bladder is unremarkable.

Impression

A 6 MM STONE IN THE RIGHT LOWER KIDNEY, NONOBSTRUCTIVE.

Transcribed: 06/29/2004 09:36 CHARLIE DASPIK
Reading Radiologist.....: Chuong Nguyen, M.D.
Report Verified by.....: Chuong Nguyen, M.D.

06/29/2004

STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY
MULTIDISCIPLINARY PROGRESS NOTES

NAME De Laatci, Stan

SSN 601-18-1356

147-63

DATE	TIME	PLAN
2/13/04	2045	2/13/04 cont
		<ul style="list-style-type: none"> ✓ <u>Glycophag 850mg TID x 3mo</u> ✓ <u>Allopurinol 300mg po qd x 3mo</u> ✓ <u>Flovent 220mcg t. puff BID x 3mo</u> ✓ <u>CTM 40mg TID po x 3mo</u> ✓ <u>Sincalide 10mcg po qd x 3mo</u> ✓ <u>Not available at time of visit + pneumonia shot given 2/16/04</u> ✓ <u>Do PBS, H7D, AC, LFTs</u> ✓ <u>lipid profile prior to CC V</u> ✓ <u>4/104</u> ✓ <u>UTI from catheterization</u> ✓ <u>schedule to Ophthalmology</u> ✓ <u>for V on Retinopathy present</u> ✓ <u>ASA 81mg po qd x 3mo</u> ✓ <u>He should not be on Motrin</u> ✓ <u>because of ASA therapy</u> ✓ <u>Lipitor 20mg tab po qd x 3mo</u> ✓ <u>low regular exercise during</u> ✓ <u>recreation, walking fast</u> ✓ <u>schedule d to see dietician</u> ✓ <u>for review D+ diet & low fat</u> ✓ <u>(within 24hr before doctor review)</u> <p style="text-align: right;">clg/azn</p>
2/15/04	2045	<p>5: Pt states 'I'm allergic to elavil, I want Benadryl'</p> <p>6: Pt refusing elavil states when he takes it he is unable to breath</p> <p>A: Does not like elavil - wants Benadryl order back</p> <p>P: Can't do monitor - instructed to fulfill and request Benadryl</p>

Aholochi, Star

DATE	TIME	PLAN
02.11.04 (1000)		Prty: Seen in medec B. It referred again for his anxiety complaints. Was just seen on 01.15.04, has already been through Amitriptyline, and Seroplex in the past. His complaint remains same. Pt seen c/o poor sleep. Claims he sleeps 1-2 hrs @ night. Says Elane was better, "but I had the reaction on it". A: Attempt increase in Benadryl. P: 1/4 c Benadryl 50 mgm PO Q HS Elane 75 mgm po Q HS (X) 60 days. <u>Fit 2d. Pat.</u>
2/11/04 0956 00	11 AM	

8-13-04 (D) NO RX/DR.

WT: 196 HT: 5'8" BP: 120/82
R: 27 P: 76 T: 97.8See CC sheet. Mark

Type II DM, Asthma, gout

Age 40.

- a. Denies hypertension.
- Dont want to be on a diabetic,
- or low fat, low cholesterol diet.
- wants to have more fixed.
- b. recent small wad.

car regulars

Lungs clear

abd - soft (T/B S NT)

extremities - edema. Good cons

A. Type II DM - stable.

Hepatoblastoma

Carcinoma - stable - o meds

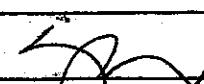
Thromb - kidney stones eg

00846

STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY

MULTIDISCIPLINARY PROGRESS NOTES

NAME: Ahoble, Star
SSN: 001-18-1356
DOB: 11-07-63

DATE	TIME	MD CLINIC/DR. Padees
01/31/04		WT: 191# HT: 5'8" BP: 120/72
		R: 20 P: 76 T: 98°
		multiple 90 headache, flashes & Migraine pain requesting snack due to wt loss
1/3/04		<p>2) Pt %^o squeezing headache = 1hr, regularly al so intermittent visual flushing @ anytime, ≥ 15 minutes long</p> <p>3) Pt = OM; obviously had lost weight; walked, sat up = difficulty. Pain along low back & lumbar = painless</p> <p>4) 1) Headache, tension, don't migraine) Back pain, aching</p> <p>2) Visual disturbance, pain, dizziness, drowsiness</p> <p>5) Motion 800 mg i.v. to girl x 3 wash (use #60). our help again.</p> <p>2) Flexibil. 10mg q 12hr x 4 wash.</p> <p>3) HS snack x 3 month.</p> <p>4) Neck of q wash x 3 month. To sheet</p> <p>5) Back brace x 3 month, ^{will use} prothetas</p>
1/3/04	11:30	Noted 01/30/04 \sim Jan 7/30 ^{met}
01/31/04	11:30	MD Reservation: Glycophage 850 mg po TID x 3 Alloprimol 300 mg po qd x 1 month Singulair 10 mg po qam
1/3/04	11:30	Noted \sim Jan 21/2004 11:30 T.O. Dr. Padees / 
DOC 0413 (6/92)		CONFIDENTIAL

STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY

INFIRMARY PROGRESS NOTES

NAME Kulelei, StarSSN 6001-18-1356DOB 11-17-63

DATE	TIME	INFIRMARY DISCHARGE	PLAN
12/3/03	4:05	1. Discharge from Infirmary: <u>Medical</u>	
		2. Diagnosis: <u>SP Jaw Fracture</u>	
		3. Diet: <u>soft only to advance to regular</u>	
		4. Activity: <u>As tolerated</u>	
		5. Special Needs: <u>None</u>	
		6. Medications: <u>As per Infirmary Meds</u>	
		7. Medical Discharge Summary:	
		<p><u>30 y/o ♂ whose jaw was fractured in an altercation</u> <u>to other inmates sent to QMC al jaw as</u> <u>fixated / wired closed. Pt admitted to Infirmy</u> <u>10/11/03 al has been stable since. He</u> <u>was seen @ MD's office (Dr. Starbarger) 12/3/03</u> <u>who removed wire allowing pt to open his</u> <u>mouth. Pt tolerated procedure al was returned</u> <u>to Infirmy. Pt can be D/C from Infirmy.</u></p>	
		8. Follow up/Appointments:	
		<p><u>F/u w Dr. Starbarger on Jan 12/3/03</u> <u>consult -</u></p>	

STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY

INFIRMARY PROGRESS NOTES

NAME Aholelei, STAR

SSN 601-18-1256

DOB 11-17-63

DATE	TIME	PLAN
12/1/03	1900	P/S - alert, oriented x3, O asymptomatic, med sulphur A - Stable P: Continue to monitor. C - Star, RD
		Dec 3, 2003 Wednesday
12/2/03	0500	IMcept throughout the night. Respirations regular & unlabored. Howley checks done.
12/3/03	0920	S/O: O complaint. Got up - leaned forehead on door, feels fine. (L) wrist wrapped in ace wrap. O pain in jaw or (Dental A - Stable P: Continue to monitor. C - Star, RD
12/3/03	1600	S: "I'm okay. Am I going to be discharged? The doctor did not take out the wires. Can my mouth a O: Pt. concerned not possible discharge. Some in infirmary to wires in his mouth. A: O & D x3. N/A A: Concern not possible miscommunication re discharge. P: Physically stable P: Deal with it report.
	1700	Consult report does not indicate wires were removed. Will hold pt in infirmary until consultant report & MD order. Management.
	2100	Stable. Quiet evening. — N. M. Gooch, RN

Dec 4, 2003 Thursday

IM slept throughout the night. Respirations regular & unlabored. Hourly checks done. All clear. No complications. Wires are still intact.

Consult made for removal of aries. Given to
Dwight. C.N.F.L. E.P.N.

Dwesa

Carrie Lam LPN

Slos & concomitant of jaw pain & (1) worst pain.

At resection fork mets: A10x3.

~~Mr. S. S. Stalder~~

P: Continue to monitor - C. Deane, RN

STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY

INFIRMARY PROGRESS NOTES

NAME Aholelei, Star

SSN 601-18-1356

DOB 11-17-63

DATE	TIME	PLAN
11-27-03	2130	S: I feel like my heart is beating fast & I hear the "racing". O: Pt frg, 3, BP 120/80, HR 165 SpO ₂ 98%. RA, RA 22. Skin slightly pale WD is fading away, EKG done 108/110 mmHg acute. Applied 2102 Perstich 134 cont to monitor A: Rapid HB P: Continue to monitor, HR & S. HR stable — ID
	2155	Adenams: HR 91, RA 18, & appear stable Skin WD. Ambulated to cell block & straight gait — ID
		NOV. 28, 2003 FRIDAY
11-28-03	0500	IM slept throughout the night. Resp. regular & unlabored. Hourly checks done. — ANG 101
11-28-03	1345	S/O: Feds ok. HR fast last night when HS made take EKG done. A & O ₂ 3. A drgg (L) was done & swelling reduced. A: Stable P: Continue to monitor c. Skin pm
11-28-03	1500	S - S/L complaints this shift. O - OSG clearly intact. needs take. P - Will observe. — follow up
		11/29/03 Sat
11-29-03	0500	Hourly rounds made. Regular respirations noted on all rounds. In gallant
11-29-03	0700	S/O "Don't Okey" — Lack his/her catheter - no complaints — S/O - White hair crusting — Deny A/C and A: Stable P: End. fr minfr — follow up
		11/30/03 Sun
11-30-03	0500	Hourly rounds made. Regular respirations noted on all rounds. In gallant
11-30-03	0940	S: Am good. That's the same dressing since I am with the doctor, will change next week. O: Noted sm. and old drainage underneath update

continues

dressings. Just put the new dressing on top.
 Took this meals's problem. Cooperative
 a friendly. & smiles — Palmer —

11-30-03

- 210 -

SPD - ins okay, A/P x 3; med. compliant. ate dinner & fair
 appetite. Cooperative & cheerful. Denied any further
 complaints.

A: Stable

P: Continue w/ NCP on

Dec. 1, 2003

Monday

12-1-03

0500

IM slept throughout the night. Resp
 regular & unlabored. Hourly v done. C/MQ low

12-1-03

1430

8/0: no complaint. Pt got up to talk with, exercise (C/wt)

A: Stable

P: Continue to monitor. Dr. Pichers ordered EKG on
 today. a Shana, RN

12-1-03

2215

8/0 & night, alert, with x 3,
 EKG table is ordered, med
 compliant

A: Stable

P: Continue to care morning

Dec. 2, 2003 Tuesday

12-2-03

0500

IM slept throughout the night. Respirations
 regular & unlabored. Hourly checks done.

C/MQ low

12-2-03

0700

8/0 "I think I'm going out today."

Took his medications & pills less - Pleasant
 and cooperative - No complaints

A: Stable

P: cont. to monitor pt. — Abnormal

M/D/O

1300) Ensure T/cen QLS x 2 weeks

V.O. B. Abnormalities/param.

12-2-03

1300

AB
 DMH
 M/D/O
 M/D/O

249 12/2/03 2330 —

00856

STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY

INFIRMARY PROGRESS NOTES

NAM Aholelei, Star

SSN 601-18-1356

DOB 11-17-43

DATE	TIME	PLAN
		NOV. 24, 2003 Monday
11-24-03	0500	IM slept throughout the night. No complaints. Respirations regular & unlabored. Hourly checks done. Need to reschedule outside DR. & appt. that were missed on Friday. C. Nefferson
11-24-03	0715	Off "No Complaints" 2nd restriction of 3 per day - VSS - off route. Lt. head more obtundent intact (off site) No Complaints off route & VSS. A - Stable
11-24-03	1615	P - Int. to monitor pt. - <u>From</u> 1) Rx regarding CTM for post-nasal drip. Use nasal decongestants. It has more staying intact (off site) 2) No Complaints off route & VSS. 3) Rx in VSS; - abx, metoclo. A) 1) Rhinorrhea, sinus chronic. 2) Post head & trauma. P) 1) CTM 10g up to tol your ammonia excretion x tab. 2) Continue to the current Meds / Rx.
11-24-03	1815	Noted BB 11/24/03 Need to check orders (10mg) 11/24/03 on S: "Can I have CTM? med" Have nasal drip O: CTM administered per Dr order 18:00 PM. A: No other complaints. Complaint is mide-cranian. Ate full meals. Listening to head sit & smiling. A - Stable at this time P - Continue to monitor <u>Lauren, Brian & I</u> NOV. 25, 2003 TUESDAY
11-25-03	0530	Regular respirations noted in 1 ^o visual v. - R. F. R.

11/25/03	1430	S/O: Pt. asymptomatic - A+Ox3 A: Stable P: Continue to monitor. C. Dore, RN
11-25-03	2100	S/O: A+Ox3. VSS. Listened to headphones most of shift. Tolerated meals. Took all meds. Wd dressing + (L) wrist. + complaints. A: Stable P: continue to plan of care
		NOV. 26, 2003 Wednesday
11-26-03	0500	IM slept throughout the night. Resp. regular & unlabored. Hourly checks done. CNR & LPN
11-26-03	0800	S/O "I'm fine" No complaints - Appetite good - Respirations + off - A: Stable P: Pt. B. Smith - Stable
11/26/03	2220	S/O "Complaints I'm feeling worse" O: A+Ox3 VSS. Tolerated meal + Ensure. Complaints to meds. A: Stable P: Continue plan of care - Bed B. Smith
		NOV. 27, 2003 Thursday
11-27-03	0500	Rept. all night. Resp. regular & unlabored. Hourly checks done. CNR & LPN
11-27-03	1240	S/O: H/A Motrin 400 mg taken C 1200 for h/c. ✓ (L) wrist blood dried over incision covered w/ opsite, then gauze tape and ace wrapped. A+Ox3. Pt. had visit this am A: Stable P: Continue to monitor. C. Dore, RN

STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY

INFIRMARY PROGRESS NOTES

NAME Aholelei, Star

SSN 601-18-1356

DOB 11-17-03

DATE	TIME	PLAN
11-19-03	2130	<p>9: Bilateral kidney pain O: Motion 800 mg PO C 1715 given. Pt. smiling & feeling O.K. Complaints re: jaw or (D) wrist setting in dark listening to music.</p> <p>A: Alt in comfort P: Continue to monitor. C. Doan, RN</p> <p>NOV. 20, 2003 THURSDAY</p>
11-20-03	0545	<p>IM slept throughout the night. Respirations regular & unlabored. Hourly checks done. Administered IM AM meds @ 0540 due to going to court. Will be going to intake @ 0600.</p>
11-20-03	1400	<p>100 Pt. left cell before am shift started Pt has not returned to infirmary. C. Doan, RN</p>
11-20-03	1600	<p>2: "I'm O.K." O: A & O x 3, IN NAB.</p> <p>A: STABLE</p> <p>P: Monitor — N. M. Landa, RN</p>
	1900	<p>PT WEAR. READING FOR SOLID FOODS COMING BACK TO COURT TOMORROW.</p> <p>Stomach size (4) unit healing well. OBCT INTACT. DNGS REPLIED & ARE UNAP.</p>
	2200	<p>Sleeping — N. M. Landa, RN</p>
		<p>NOV. 21, 2003 FRIDAY</p>
11-21-03	0430	<p>IM slept throughout the night. O complaints. Respirations regular & unlabored. Hourly checks done. IM will be going to court today @ 0600. Will administer AM meds prior to movement.</p>
	11-21-03 2100	<p>5- No Complaints — C. O'Neill, RN</p>
		<p>O:</p>

11-21-03	1430	S: Court was all right. Feels good & I ate regular food in court - apples.
		O: Feels ok. Ø pain in (L) wrist, jaw A: Stable
		P: Pt returned @ 1315 from court. He missed his two medical follow-ups to Dr. Allen Strasburger & Dr. Au today & needs to be rescheduled. e-Docs, Inc.
11/21/03	2100	S - No complaints Ø - No report of pain this shift. A - Will check
		NOV. 22, 2003 Saturday
11-22-03	0530	IM dept throughout the night. Respirations regular & unlabored. Timely checks done.
11-22-03	0900	O/S "Boring" In good spirits - states "Want to eat solid food now & can't wait to see the Doctor" - Took Ensure & no complaints. Open - Took tri. shots. Ø problems - NADL
		A: Stable
		P: Cont. to monitor.
11/22/03	1515	S: "I still have sinus problem" Ø: Up ad lib inside his cell. A/D x 3. Took pm meds & problem, took ensure. In NADL.
		A: stable
		P: Cont. to monitor.
		11/23/03 Sun
11/23/03	0500	Hourly rounds made. Regular respirations noted on all rounds
11/23/03	1453	S: "I'm doing good." Ø: A/D x 3. Listening to his abdomen. Med. compliant. fed. meals. Ø wrist/jaw is still wrap intact.
		A: stable
		P: cont. E plan of care.
11/23/03	2130	S - "I'm ok." Ø - A/D x 3. responds appropriately. No C/O pain. Day clean day intact.
		A: stable

STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY

INFIRMARY PROGRESS NOTES

NAME Aholelei, StarSSN 601-18-1356DOB 11-17-63

DATE	TIME	PLAN
11/15/03	2100	back in room, resting to go "out" — Palau Nov 16, 2003 — Sunday
11/16/03	0500	Appears stable noted on all hourly rounds made complaints seen & stabilized, & go —
11-16-03	0955	S: & complaints. O: Able to rest in bed. All meals. Med. compliant and cooperative. D: No pain. A: Stable P: Cont. & current tx and mont. — 88% per
11-16-03	2000	S: "I'm ok" O: Able to get out of bed, intact, P: crs, & go Diagnosis treated or swelling; able to take in liquids ate well & meal served. A: pp: Continue to Assess/monitor; instructed on tx to notify RN Nov. 17, 2003 Monday
11-17-03	0500	Slept through out the night. Resp. + Hourly checks made. — Green
11-17-03	1230	S: I feel better O: VS stable. Mid-falter. Pt walking steadily. P: No x3. A: Stable P: Pt. has appt w/ Dr. Strasburg today. Continue to monitor. A. None, per
		2-10 870 - I'm alright; P: No x3; med. compliant; therefore & cooperative. All meal & tolerated well. No further complaints made —
		A: Stable P: Continue to w/p
		NOV. 19, 2003 WEDNESDAY
11-19-03	0500	I slept throughout the night. Resp. regular & unlabored. Hourly checks done.
		Crafton

NOV. 18, 2003 WEDNESDAY

11-18-03 0530 Regular respiration noted \uparrow 1^o visual \checkmark — R. by RD
 11-18-03 1330 S: Depressed
 O: pt. didn't take his seroquel last night - used for sleep. (wrist has open, dried blood, flat. & drain) Open pt. requested to talk to Dr. Patel.
 A: Depressed
 P: Dr. Patel informed. Continue to monitor c. Dray, RD

11.18.03: (Psyley)

1420 Pt seen per RN request. Reports high levels of anxiety & not sleeping well & at all at night. Conf's to focus on his having been assaulted by gang members on his module & resultant jaw fx. SAYS, he is in the infirmary, still "recovering".

A: More stressed \rightarrow 20 Insomniac
 P: DIC Previous Serquel orders.
 — Begin Serquel 300 mgm po & Hs \times
 30 days.

Dr. H. Patel, MD24^o \checkmark 11/10/03 2300 a

11-18-03 1920 S: I complain, alert, with $\times 3$, pleasant, & good appetite, not complain

A: Stable

P: Continue to monitor 1/mrn

NOV. 19, 2003 WEDNESDAY

11-19-03 0500 I slept throughout the night. Resp. regular & unlabored. Heart rate & blood pressure

11-19-03 1330 S: pt. complaint

O: pt. requested motrin 800mg for hq. Jaw & swelling open. Pt rested in am. & went to intake for police interview p. lunch.

P: Stable

P: Continue to monitor c. Dray, RD

STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY

INFIRMARY PROGRESS NOTES

NAME Aholelei, Star

SSN 601-18-1356

DOB 11-17-63

DATE	TIME	PLAN
11-13-03	1020 MDO+	noted ✓(R) wrist pt/o Foreign object, if time permits. 11/13/03 by Dr. Lee Au. 1200 ✓(R) wrist pt/o Foreign object, if time permits. TCT Kim at Dr. Au's office. She will relay message to Dr. Au, who is in a procedure. Dr. Au has already scheduled (C) wrist surgery for f-o. Removal & may not be able to ✓(R) wrist prior to surgery. RN in infirmary to ✓ e Dr. Paderes. e-Hana, RA
	1030 MDO+	✓(R) wrist Go ahead and do surgery, or (Wait. 11/13/03 ✓(R) wrist ✓(R) wrist pt/o Foreign object, if time permits. Dr. Paderes's message relayed to removed f-o. in (L) wrist. e-Hana, RA
	1220 S/O: Pt. left pt/o showing pt/o med. & VS done + NPO since 2400. A: NPO - P: Surgery on (L) wrist to remove foreign object. My surgeon - Dr. Lee Au. (R) wrist to be checked later by MD at HCF. Pt. left inf. 0952. e-Hana, RA	
	1400 Addendum: Pt. returned from Surgery. (L) arm in sling & arm wrapped. VS done & stable. Keep arm elevated. Consult's recommendation & findings return to pt. Foreign object sent to lab per pt's knowledge. e-Hana	
11-13-03	1600 S/O temp 97.3. Ace wrap on (L) wrist S/I. Moves fingers well. good appetite.	
	A: Post op status	
	P: Monitor PRN. (Sullivan 2PN)	
11-13-03	2000 S/O: Pt. meds taken well. Pt/o pain operated (L) wrist. A: pt/o in comfort.	
	P: Motrin 60mg (adult) given for pain. Sullivan 2PN	

NOV. 14, 2003 Friday

11-14-03 0500 IM slept throughout the night. no complaints. Resp. regular & unlabored. consult for Flu in 1 week made. VSS. Hourly checks done. C. Nelson LPN

11-14-03 1430 S. of complaint

O: Pt reflected motion 600mg for (1) arm pain - dull 1/10 (0-10) Pt. feels ok. A + O x 3.

A: Stable

P: Continue to monitor. C. Nelson, RN

11-14-03 1500 Pt awake, taking venous & met's well

S: "I'm doing"

O: A + D x 3. in lab.

(1) you still have pain (r) you but swelling reman'd (l)

are using an (l) arm. fingers (l) lead up arm, pulse (t).

A: Stable

P: Monitor N. McGehee, RN

2000 (1) wrist drug removed. Open in wound, arm out. Fresh blood under op. site. No noted swelling. Fresh dressings & bandage placed over op. site.

Pt is no complaints N. McGehee RN

NOV. 15, 2003 Saturday

11-15-00 0500 IM slept throughout the night. no complaints. Respirations regular & unlabored. Hourly checks done. wrap still intact to (1) hand.

11-15-00 0800 S. of my arm & C. Nelson LPN

0800 S. of my arm. I take it for my arm. VSS - Able to open & close mouth & close eyes. CO2 able to open & close mouth & close eyes. Took meds. friendly & cooperative. Ate wrap to (1) FA while to weble - finger pulse + CMS (+) — Pulse

1645 in hallway talking on phone no changes continue to be doing good. friendly & cooperative expresses self well. Dmy intact CO — Pulse

STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY

INFIRMARY PROGRESS NOTES

NAME AHOLELEI STARSSN 601-18-1356DOB 11-17-63

DATE	TIME	PLAN
		Sunday November 9, 2003
11/9/03	0430	Received in infirmary patient in bed in assigned room. Appears to be sleeping in NAD & Resp noted. RR at 22. Pulse checked throughout the neck. BP norm. S: "alright" O: in chronic respiratory; took his meds & Enzyme S (problem); VSS; writes intact; tablets swallowed. A: Stable P: Continue to monitor (issues); instructed on how to notify me. 2-10
		11/10/03 0520 Pt sleep all night. Deep even and unlabored. S/O: cleared of his. Wrote letter to supervisor station & Coroner. G: Stable P: Continue to monitor. 11/10/03 1430 S: "alright" O: sleeping in bed. Pt stated he has surgery tomorrow. ↓ swelling in (1) arm. A: Stable P: Continue to monitor. C. Davis, RN
11-10-03	2000	S/O: up in room, ate well. C/O slight SOB. chest cta Bilaterally. O2 sat 96% & cough. A: alt in comfort. P: monitor for SOB, wheeze. C. Sullivan CPN
		NOV. 11, 2003 Tuesday
11/11/03	0430	Pt. slept throughout the night. Respirations regular & unlabored. ↑ complaints. Hourly checks done. C. McRae CPN

11/10/03	1430	S: (R) worst foreign object - possible + (R) kidney pain from kidney stone. D: Pt. requested check to Dr. Kuchen page at Castle Hill, for his kidney pain. Mother 800 mg. grm for pain. Pt. Smiled & happy to be alive. Resting in bed listening to music. A: At w/ comfort P: TCT Dr. A. MD to w/ (R) worst tomorrow. ✓ Theresa on c/p for outside MD tomorrow. Continued monitor. C. Dease, RA
11/11/03	1800	S: "Sometimes I have hard time breathing. I have bronchitis. They took X-ray of my chest." D: Inmate c/o SOB - inmate to unlabored respiration RR 16-18 on assessment. Lungs CTA. Occasional dry cough. Ate meals 100%o. Up ad lib in the infir. A: Alteration in comfort. P: Continue s. current plan of care. Medications administered as ordered. <u>Theresa L. Morris, RN</u>
		NOV. 12, 2003 WEDNESDAY
11/12/03	0330	IM slept throughout the night. Respirations regular & unlabored. Hourly checks done. <u>Carolee LPN</u>
11/12/03	1815	S: "Will the doctor see me today?" D: Informed inmate that MD will not be able to see him today. Informed him that he will have nothing by mouth P. midnight tonight due to procedure on the (L) waist tomorrow. Verbalized waters finding. NPO x 3. Up ad lib inside his cell. A: Stable. P: Conf. to current plan of care. <u>Theresa L. Morris, RN</u>
		NOV. 13, 2003 THURSDAY
11-13-03 0500		IM slept throughout the night. C. complaints. Was instructed to be NPO P. midnight. IM has not ate or drank anything on my shift. V/S. Respirations regular & unlabored. hourly checks done. <u>Carolee LPN</u>

STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY

INFIRMARY PROGRESS NOTES

NAME AHOLELEI, STAY
SSN 601-18-1356
DOB 11-17-63

DATE	TIME	PLAN
11-4-03	1645	S: pt complaints pt lying in bed listening to walkman. Pt: sig. diet, ate 100% of meal. Denies any jaw pain. NID complaint A: Stable P: Continue to monitor Klunick, RN NOV. 5. 2003 Wed
11-5-03	0800	asleep through the night respirations noted pt is all sounds 7/10
11-5-03	0945	S: Feels better O: pt in rec - smiling. meds taken. Fluksolide nasal - SA today. Pt problems of pain noted. A: Stable P: Continue to monitor. Consult to Dr. Rosburg on pain Theresa - C. Adams, RN
11-5-03	1600	S/O: pt. A 90x3. VSS. Tolerated 100% of liquid diet. TOOK PM meds. Requested for tylenol. Given it takes 325mg. % HA. T: 98.6. Sitting in bed listening to walkman. pt complaints A: Stable P: continue to plan of care. C. Adams, RN + HAKS. NOV. 6. 2003
11-6-03	0530	Deep off shift. Pt in rec oral rehydrated often checked glbs. 100% orally available. A: Corsteller
11-6-03	1330	S: (R) white pain + swollen + spots in eyes 10-15min ch/a O: Pt. told rd he felt a hard object in (R) left eye today Palpitated object may be a foreign object. Motrin 800mg jars & pt. C 135 for ch/a - generalized. Pt. went to grid rec in a.m. Pt jaws pain. Pt pain today. A: Pt in comfort P: Continue to monitor. MD eval requested by pt. C. Adams

11-6-03	1730	S/O: Lubrekuile - Walker in cell ate well. Verbalizes concern about hard, firm area 3 mm anterior aspect of Rt Hand, state from last IV 2 wks ago. Palpated area - feels hard & tender. Pt. S/S of inflammation. Offers no other complaints.
		A: Alt in comfort P: Monitor PNT. Sullivan & PNT
11-6-03	2000	+98? Pt eats today well, offers N/C — Sullivan & PNT
		11-7-03 Friday
11-7-03	0430	(+) Resp on hourly Rounds. Sullivan & PNT
11-7-03	130	Ulceration on cheek due to wires on mouth. Ortho wax given to cover.
11-7-03	1345	S/O: Wite on (R) upper jaw poking out. Can I see DDS? O: Pt was seen by DDS in clinic this pm. He has ortho wax to cover wires - SA. Pt remains on liquid diet. (L) Jaw / cheek & swollen & pain. A: Alt in comfort P: Continue to monitor. C. Sharpe, PNT
11-7-03	1400	PT. NPO x 3 in NED
	1800	S/O: "I'm doing good. My face is better." O: Wound O in NED.
		A: Stable P: Monitor
	2000	No A in status stable & monitor — N. McCord, RN
		NOV. 8, 2003 Saturday
11-8-03	0515	pt. slept throughout the night. Respirations regular & unlabored. Heart & lungs done. — A. McFarland, RN
11-8-03	0930	S/O: I'm up in cell this am. Pt. stable & no at this time. took all my meds.
		A/P: Stable cont to monitor — J. Phillips, RN
11-8-03	2020	S/O: No complaints. Pt A/P 03, tolerated meals. S/N. Med complaints & any complications. pt states he feels better. — A. McCord, RN
		A/P: Stable. Cont to monitor — A. McCord, RN

STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY

INFIRMARY PROGRESS NOTES

NAME AHOLELEI STAY
SSN 601-18-1356
DOB 11-17-63

DATE	TIME	PLAN
10/31/03	2200	Received awake and alert saying "I'm OK Thanks" to C/O & other visitors. M gentle. 2300 Lying in bed, eyes closed regular, unlabored. Respirations noted at this time M gentle. 11/1/03 Sat
11/1/03	0500	Hourly rounds made. Regular respirations noted on all rounds to occasional position A5 M gentle.
11/1/03	1330	S: "My jaw is kind of sore, can I get pain meds?" O: IM A 90x3. VSS. Tolerated liquid diet 100%. TOOK all of AM meds plus 1 tab 325mg tylenol due to pain. A cough noted. Stayed in bed reading most of shift while listening to music. @ 1315, IM so lightheadedness & some nausea. T-98.4. admin. 1 tab 325mg tylenol. Informed IM to notify us if symptoms don't subside.
		A: alteration in comfort.
11/1/03	1600	P: continue to monitor. C/N Karm CPN S/O in bed & his walkman, smiles when spoken to. Take his P.M. ensure opened. Tylenol if he needs. M very hypochromic. Taken 2 Tab of Tylenol. Good intake good. No S/O any discomfort A stable P will continue to monitor spouse P
	1700	C/O having diarrhea. Pepto bismol 30cc given explained to him that sometimes Canson is not tolerated anymore and causing LBM. Verbalize ensure help stops his diarrhea Will monitor spouse P

11/1/03	2200	Received awake, A+O x 3, an in NAD. Waved to this writer, denies any C/O @ this writer. 11/2/03 Sun
11/2/03	0500	slightly rounds made. Regular respirations noted on all rounds. 11/2/03 Sun
11/2/03	0630	AIO, AM meds given. Denies C/O @ this time had phone call this AM, pleasant. Cont to monitor. 11/2/03 Sun
11/2/03	2002	S/O: ↑ in all cell, ate well, offers N/C. A+O x 3. A: Stable. P/T: monitor PRN, C-fallion et al. 11-3-2003 Monday
11-3-03	0500	asleep through the night respirations normal during p.i.v all rounds. PRN
11-3-03	1100	S: feeds better, mid rec. O: Pt. has mid recreation now. VS done, pads taken off pain site. ↑ swelling (L) arm. (L) cheek + (R) cheek observed. ↑ swelling & bleeding & bruising. pads taken VS done. Resting on bed & sitting for hygiene & eat phone. A: Stable. P: Continue to monitor. C-Stras, RN
11-3-03	1050	S: go HA, requesting for pain med. O: Pt. alert, pleasant, cooperative. Ate 100% of meal. Abd. & steadily grit in cell. Within 400 mg no girth. Denies any jaw pain. A: Alt. in comfort. P: Cont. to monitor q cont. to current tx. 11-04-03 Tuesday
11-04-03	0400	Received inmate already asleep. Slept through the noc. & noted c/o pain. Respirations regular, unlabored during visual checks. Rheng I. Monta, RN
11-4-03	1145	S: H/A on (L) side of head only yesterday afternoon light sparks in eyes (blindspot), h/a (L) x 5 min & past H/R X 10 min together. O: Pt. C/O H/A today was not like h/a today - milder today, within 400 mg no pain. Feels better of jaw pain on (L) arm pain. Pt. reported solid foods, & cough. A: Stable. 00870
		P: Therapeutic Dr. Strasburger's appt. Continue to monitor.

STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY

INFIRMARY PROGRESS NOTES

NAME Aholelei Star
SSN 601-18-1356
DOB 11-17-63

DATE	TIME	PLAN
10-29-03	1330	<p>3: "When am I going out to have this thing removed?" D: Pt given new meds: Keflex 500mg po tid + Robitussin DM 10cc prn cough C 325. His pain continues to be painful 6 (0-10) & foreign object in wrist & forearm has tendency for "welt." Pt reduces at site. Palpitated "vein" (A). Star pain 2 (0-10) Meds taken & US done. + 994. Pt refused Holdings today A: A/F in comfort f bronchitis P: Therisa notified that pt. was not seen by anyone ext. Contingency monitor. C Dr. Lee, RD RD: Appt w/ Dr. Lee An made w/ his RN per Kamehameha office 1330 tomorrow. Left note for Dr. Hwang Special transport as separate inmate needed to go</p>
10-29-03	1900	<p>3/0: Sitting in bed listening to tape & ear phones on. Offers N/C. Pleasant takes his meds & difficile. + 98% good appetite.</p>
		<p>A: Stable P: Cont w/ current plan of care. Sullivan CP Oct. 30. 2003 Thru-</p>
10-30-03	0800	asleep through the night - respirations note 29 1/2 all make rounds
10-30-03	1315	<p>9. Please check when am I going out to get this thing removed?</p> <p>D: Pt. was told he's going out to MD. He requested Ensure be continued for 1 month because he lost it & can't drink milk because of milk intolerance + 993 - P 129 R 20 BP 100/50 O₂ 76% Tylenol 650mg prn for pain. Meds taken. Pt. resting in cell. Star pain same as pain same as yesterday.</p> <p>A: Stable P: MD approved/requested for Ensure. Continue to monitor.</p> <p>C. Hwang, RN</p>

10/30/03 1430 MDO: (

Ensure $\frac{1}{2}$ can PO ∞ every meal X 1 smooth.✓
249g $\sqrt{10.01}$ or

VO Padeles, MD/ci

Noted 10/30/03 ps

10/30/03 2150 S: Complain of pain in upper jaw area. Pointed to a small lump on his \odot wrist area. Said the doctor would remove it soon.O: AXO X3 Requested Tylenol for his hand pain & jaw pain. Compliant ∞ meds, ate meals. Appropriate response ∞ questions ∞ answers. Gave Tylenol & expressed some relief.A: Alteration in comfort. ~~Blf~~ Small lump in left wristP: Continue to monitor. ~~Refer Dr. Ken~~

Add history:

Oct. 31- 2003 FRiday

10-31-03 0800 asleep through the night respirations noted during 1- \checkmark all rounds. JLK10-31-03 1015 S: upper gum pain, irritated where wine is in front of \odot arm pain. Dr. ∞ going to remove object from \odot wrist & is going to arrange it ∞ this place.O: Pt's frenum on upper gum to lip is red & bl. swollen from where behind d. pain 6 (0-10) ~~100.00~~ ∞ m. & reduced to 2-10 after pain med given earlier. \odot arm pain 1 (0-10) \odot arm palpitated & hardness @ 2-3 $\frac{1}{2}$ " from wrist, foreign object at 1/2", 1" \odot & vein lumps @ 8" \odot . T99 $\frac{1}{2}$ @ 0.0710 Tylenol 650mg PO @ 0.715 for fever. Pt. feels better now - med taken. ϕ cough.

A: Stable

P: Continue to monitor. C. Davis, RN

10-31-03 2110 S: I need my zanaflex to sleep. I feel hot.

O: Pt's mid abdomen to pt. T99 $\frac{1}{2}$ F @ 1915. Tylenol 650mg given for fever. Pt. ready to go to bed & listening to music in headphones.

A: Pt temp - fever

P: Continue to monitor. C. Davis, RN

STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY

INFIRMARY PROGRESS NOTES

NAM Aholelei, Star

SSN 601-18-1356

DOB 11-17-43

DATE	TIME	PLAN
		2-10
		8/0 - 110 x 31, med. compliant; up & about inside room All move & fair appetite. Concerned abt. possible foreign body on arm - VSS -
		A- Stable P- Continue w/ NRP / Grav
		OCT-27-2003 MON.
10-27-03	0800	asleep through the night respiration noted during all round q/i - 7/10 rag
10-27-03	1510	S: Pain in L arm - 5/10 pain in D arm 7/10 Pt requested pain med. O: VSS done T100°. med grns. Pt. wants to have foreign object removed asap. Pt. wants to see MD. of swelling in D arm & redness. A: All in comfort & abt in skin integrity P: MD will repeat. There is no made appt for pt to see surgeon tomorrow. C Stable, RD
10/27/03		S: "I'm doing ok" O: Appears comfortable & complaint of pain appetite good 100% A: Stable P: cont w/ care plan
		V Apgrd pt OCTOBER 28, 2003
10/28/03	0500	IM slept throughout the shift. & complaints. Respiration regular & unlabored. will be going out Tuesday for surgical removal of metallic obj. in D arm/wrist. Hourly checks done.
		Amelia LPN

✓ 26/3, ✓ CBC, ✓ Comp, ✓ unk

water 12/03

Castro prof. historial 12/0

100% off again

~~Antarctica~~

10/28/03 1150 S: I don't feel well. I was told by mya that my appt. was cancelled.
 O: Pt returned to u/s after leaving for surgery.
 He reported above to RN. RN checked C RN Supervisor to report his T 100°F for past 6 days. Dr. A. wrote out orders + pt. was taken to St Francis West - ER C
 C x-ray + lab forms included in (1) arm x-ray.
 Medication & VS done in a.m. Pain in jaw 4 (0-10)
 + (1) arm 6 1/2 (0-10). No change in (1) arm.
 A: A/F in comfort.

P: Pt. was sent to SF West ER for surgery to remove foreign object in (1) arm. C x-ray + lab - C/Dag.

10/28/03 2220 S: c/o of pain in (1) wrist/pulcyskin is chkd.
 O: Lungs clear. Returned from x-ray per cancel
 Impression: bronchitis. Temp 99.6 at 16:30.
 Give Tylenol 650mg. Give Robitussin for cough.
 A: Response good. Expressed never took Tylenol.
 Complaints c medications.

P: Continue to monitor. Will have MD review consult + AM orders. Bairin, B.M.K.

OCT 29. 2003 Wed

10-29-03 0800 asleep through the night respirations noted during all rounds q.i.d. J/K

10/29/03 12 pm ✓
 Mucinex 500mg i.p.o. f.c.
 x 7 days

Robitussin Dm

1/2cc p.o q 4 prn
 cough x 2 weeks.

noted
 10/29/03
 (1/29/03)

(Cortenex per
 Dr Lewis)

SL

24 ✓
 10/30/03
 01/04

STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY

INFIRMARY PROGRESS NOTES

NAM AHOLELEI, Stay
SSN 601-18-1356
DOB 11-17-63

DATE	TIME	PLAN
10/25/03	11am	<p>low grade temps. w/ cold on (LT) forearm.</p> <p>Open - wound O exudate - O erythema - crust 1/4</p> <p>CT scan w/ views thromboses - + palpable firm movable - Foreign Body -</p>
		<p>① Vets thromboses \rightarrow will resolved contact patient, discussed physiology of lesions.</p>
10/25/03	10:30 AM	<p>② Foreign Body w/ wound need surgical eval - discussed w/ Pachers -</p>
10.25.03	13:00	<p>"I DON'T FEEL THAT WOOD. LIKE A FLU/COLD!"</p> <p>"IS MY ARM O.K. I'M NOT GOING TO DIE AM I?" "CAN IT POINT TO MY HEART?"</p> <p>O: Pt anxious abt foreign body in (L) arm and concerned about movement of object in bloodstream \rightarrow threat. EXPRESSED CONCERN ABOUT DYING X3</p> <p>Pt. A: O X3, B/p 102/85, HR 88 = 104, DR = 16, TEMP = 100.2</p>